

Division of Health Care Facilities

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PRINTED: 04/19/2011
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN3201	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 04/12/2011
NAME OF PROVIDER OR SUPPLIER HERITAGE CENTER, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1026 MCFARLAND STREET MORRISTOWN, TN 37814	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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N 833 1200-8-6-.08(3) Building Standards

N 833

(3) No new nursing home shall hereafter be constructed, nor shall major alterations be made to existing nursing homes, or change in nursing home type be made without the prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new nursing home is licensed or before any alteration or expansion of a licensed nursing home can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a qualified licensed engineer.

This Rule is not met as evidenced by:
Based on observation and interview, the facility failed to assure alterations to the facility are made with out prior approval from the Department of Health.

The findings include:

Observation with the Maintenance Director, in the facility on April 12, 2011 at 10:30 a.m. confirmed 105 smoke detectors were added to resident sleeping rooms.

Interview with the Maintenance Director and Administrator, in his office, on April 12, 2011 at 2:30 p.m. confirmed the facility failed to obtain approval from the Department of Health for the installation of 105 smoke detectors in the resident sleeping rooms. The Maintenance Director stated the Fire Alarm Control Panel needed to be upgraded to accommodate the additional

N833 1200-8-6-.08(3) BUILDING
STANDARDS

1. Facility Executive Director or Corporate Representative will officially notify the Department of Health for approval of the 105 smoke detectors added to resident sleeping rooms and upgrade of the fire alarm control panel. 5-27-11
2. Facility Executive Director or Corporate Representative will officially notify the Department of Health prior to any further alterations to the facility as required. 5-27-11
3. Facility Executive Director will monitor monthly x 3 months and report results to the Performance Improvement Committee on a monthly basis. The committee consists of The Executive Director, Director of Nursing, Medical Director, Assistant Director of Nursing, Staff Development Coordinator, and Department Managers. 5-27-11

Division of Health Care Facilities

REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

Executive Director

4-28-11

KSO621

If continuation sheet 1 of 2

Division of Health Care Facilities

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N 833	Continued From page 1 devices.	N 833	

Division of Health Care Facilities
STATE FORM

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KSO621

If continuation sheet 2 of 2